



KAY IVEY, STATE TREASURER

UNCLAIMED PROPERTY DIVISION

P. O. Box 302520 • Montgomery, AL 36130-2520 • (334) 242-9614

• Toll Free 1-888-844-8400 • Fax (334) 242-9620

REPORT FORM 1

☐ Check here if negative report

PART I — Business Information

REPORT DATE	FOR PERIOD ENDING	REPORT YEAR	FEIN #
CHECK NUMBER	TOTAL REMITTED AMOUNT	NUMBER OF PAGES	NUMBER OF OWNERS/RECORDS REPORTED
REPORT TOTAL SHARES	TOTAL REPORTED SAFE DEPOSIT BOXES	COMMENTS	

THIS REPORT INCLUDES:

☐ All Branches and Divisions ☐ All Subsidiaries ☐ Only This Company/Branch/Division

NAME OF BUSINESS	STATE OF INCORPORATION		
MAILING ADDRESS	DATE OF INCORPORATION		
ADDRESS CONT'D.	STANDARD INDUSTRIAL CLASSIFICATION CODE		
CITY	STATE	ZIP	COUNTY

PART II — Previous Business Name

If held in other name during the Report Year list the name and address

NAME OF PREVIOUS BUSINESS	PREVIOUS FEIN
ADDRESS (STREET, CITY, STATE, ZIP)	

PART III — Primary Business Activity Information

IS THE HOLDER

☐ A Subsidiary (Wholly Owned) ☐ A Division ☐ Publicly Traded ☐ Private ☐ Government Entity

NAME OF PARENT COMPANY	PARENT FEIN:
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PART IV — Contact Information

CONTACT PERSON	TITLE	
TELEPHONE NUMBER ()	EXTENSION	FAX NUMBER ()

PART V — Affidavit

State of _____, County of _____

I, _____, do hereby certify the following as of the date my signature is notarized below: (1) I am duly authorized to execute this report and make the following representations on behalf of the holder listed above. (2) Said holder has performed due diligence as required by Section 35-12-31(e), Code of Alabama 1975. (3) To the best of my knowledge this report is an accurate and complete account of all property in the Holder's custody which is presumed abandoned under the Alabama Unclaimed Property Act.

Sworn to and subscribed before me this

the _____ day of _____, 20_____.

(Notary Public)

(Commission Expires)

(Authorized Signature)

FOR OFFICE USE ONLY	
VERIFIED BY	CHECK NUMBER
DEPOSIT	REPORT NUMBER
FILE NUMBER	HOLDER ID

REPORT FORM 2

This form or computer printout containing all requested information must be completed and filed with Report Form 1



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Business Name _____
Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone No. _____
Period Covered From ____/____/____ to ____/____/____

Fed. Emp. I. D. No.	PAGE ____ of ____
Report Year	

THIS FORM PROVIDES SPACE FOR REPORTING THREE ACCOUNTS.
All items under \$10.00, excluding dividends, can be combined (See instructions)

Unclaimed Property Report

										If Reporting Securities				
	List owner names(s) exactly as they appear on your records				Date of Last Transaction ____/____/____ OR PERIODIC PAYMENTS From: ____/____/____ To: ____/____/____	Property Must Be Described Below or use property codes (page 14)	Property Type	Total Amount Remitted	Issue Name	Shares	CUSIP	Delivery	Certificate or Account Number	
1	LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ TITLE _____ SOCIAL SECURITY NO. _____ MAILING ADDRESS _____ CITY _____ STATE _____ COUNTY _____ ZIP CODE _____						Cash _____ Sec. _____ Other _____	\$ _____						
2	List owner names(s) exactly as they appear on your records LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ TITLE _____ SOCIAL SECURITY NO. _____ MAILING ADDRESS _____ CITY _____ STATE _____ COUNTY _____ ZIP CODE _____						Cash _____ Sec. _____ Other _____	\$ _____						
3	List owner names(s) exactly as they appear on your records LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ TITLE _____ SOCIAL SECURITY NO. _____ MAILING ADDRESS _____ CITY _____ STATE _____ COUNTY _____ ZIP CODE _____						Cash _____ Sec. _____ Other _____	\$ _____						

PAGE TOTAL \$ _____
ACCUMULATED TOTAL \$ _____

This form may be duplicated for additional owners.